

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 359547 (7)

1. Corporation Name

W.F. POE ASSOCIATES, INC.



Principal Place of Business

401 E. JACKSON ST.
STE 1700
TAMPA FL 33602
US

Mailing Address

-- 702 N. FRANKLIN ST. --
P.O. BOX 1348
TAMPA FL 33601

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1970		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-1287747		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

LENFESTEY, LAUREL J
401 E. JACKSON ST.
STE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and street address

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, V.C., JR.	1.2 NAME	
STREET ADDRESS	401 E. JACKSON STREE, STE 1700	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEER, BRUCE	2.2 NAME	
STREET ADDRESS	401 E. JACKSON ST., STE 1700	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	2.4 CITY-STATE-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENFESTEY, LAUREL J	3.2 NAME	
STREET ADDRESS	401 E. JACKSON ST., STE 1700	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	3.4 CITY-STATE-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, J. HYATT	4.2 NAME	
STREET ADDRESS	220 S. RIDGEWOOD AVENUE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL	4.4 CITY-STATE-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, TIMOTHY L	5.2 NAME	
STREET ADDRESS	220 S. RIDGEWOOD AVENUE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, JIM	6.2 NAME	
STREET ADDRESS	220 S. RIDGEWOOD AVENUE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

813-222-4277

Date

Daytime Phone #

CR2E034 (12/95)